Board of Alternative Health Care 301 South Park PO Box 200513 Helena MT 59620-0513 (406) 444-6880

RENEWAL APPLICATION

Check For New Address. Indicate any changes below.

License No	
License No	

Name

Address

City State Zip Code

Country E-mail

Active \$550.00 Inactive \$275.00 Childbirth Specialty add \$25.00

MPDR Fee add \$30.00

Your Montana Naturopathic Physician license will lapse on April 30.

TO RENEW ONLINE GO TO: LicenseRenewal.mt.gov (Online transactions must be completed no later than 11:59 PM, Mountain Time, on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.) **OR**

- 1) Complete the renewal application and select your status above.
- 2) Complete the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for the amount indicated above made payable to the Board of Alternative Health Care. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after April 30th will be assessed a penalty fee by state law of 100% of the renewal fee(s). NO EXCEPTIONS!
- 6) If renewing your Childbirth Specialty check the box above. The additional fee indicated above will be required to renew the permit. The continuing education statement below also applies to the Childbirth Specialty additional CE requirements.
- 7) Sign the renewal application.
- 8) Incomplete or unsigned renewal applications will not be processed and will be returned.
- 9) If selecting Inactive Status for the first time you must return your current license. Please see 24.111.409 ARM for the entire requirement including reactivating an inactive license. A licensee can hold an Inactive Status for no more than 26 months.

CONTINUING EDUCATION INSTRUCTIONS:

You are required to obtain 15 hours of continuing education (CE) within the twelve months prior to April 30 renewal of each year, with 5 of those hours being in pharmacy. In order to renew your naturopathic physician license with a childbirth specialty, you are required to have 20 hours of CE with 5 hours in obstetrics and 5 hours in pharmacy obtained within the twelve months prior to April 30 renewal of each year. The Board will be conducting a random audit of licensees to ensure compliance. If you are among those selected, you will be notified to submit documentation that you have completed the requirement.

Naturopathic Physicians renewing their license for the FIRST time are exempt from the CE requirement but must fill out the renewal form and pay the renewal fee.

I have completed the required hours of continuing education for my naturopathic physician license, which includes 5 hours of pharmacy and 5 additional hours in obstetrics for licensees with a childbirth specialty $$\gamma_{\rm es}$$ No

I do not need continuing education, as this is my FIRST license renewal

Yes

I do not need continuing education as I am selecting Inactive Status Yes

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF OUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

MPDR FEE STATEMENT

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511 (1), effective July 1, 2015, as amended by the Montana Legislature. The MPDR is administered by the Board of Pharmacy. The MPDR Fee is collected as a separate fee at the time of initial license application or as part of license renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

I attest that the MPDR Fee does not apply to me as I am not registered with the Drug **Enforcement Administration (DEA) to prescribe controlled substances.**

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.	
Your signature:	Date:
DO NOT SEND CASH	

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